Health Services
LOS ANGELES COUNTY

DHS Expected Practices

Specialty: Women's Health

Subject: Sexually Transmitted Infection and HIV Screening

Date: March 10, 2014

Purpose:

The purpose of this document is to present expected practices for screening of asymptomatic women for Sexually Transmitted Infections (STIs), including HIV. This document does not include STI screening for women who are infected with HIV, or screening and management for women with symptoms or who are contacts to partners with STIs as these women may require additional testing and/or treatment.

Target Audience:

Primary Care Providers and other providers of Women's Health.

Expected Practice:

As part of the patient history, providers should routinely and regularly obtain sexual histories. Assessing behaviors that put patients at risk for STI is critical to determine the need for STI screening, contraception and STI vaccination, and to guide patient education and risk-reduction counseling. Behavioral counseling to prevent STIs is recommended for all sexually active adolescents and for adults at increased risk for STIs (USPSTF B recommendation). The CDC's webpage on STI/HIV prevention counseling and sexual history taking, which includes the **"Five P's"** (Table 2), is a useful tool.

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

The STI/HIV screening recommendations in Table 1 below should be used to guide screening. In populations for whom no recommendations exist, screening should be based on individual risk factors and the prevalence of specific STIs in the particular clinical setting.

The information in the table is adapted from the U.S. Preventive Services Task Force (USPSTF) 2013 HIV Screening recommendations and the California Sexually Transmitted Disease (STD) Control Branch Screening Recommendations 2010 which are based on guidelines for STI screening from the Centers for Disease Control and Prevention, USPSTF, Infectious Disease Society of America and the Region IX Infertility Prevention Project.

Additional Information:

Rescreening for CT and GC is recommended to detect reinfection. All women should be rescreened at 3 months after treatment, or if they present for care between 1 and 12 months. The rationale for rescreening is that up to 20% of females are infected within six months of treatment and repeat infection is associated with an increased risk of reproductive complications.

Test of cure for GC and CT is to detect treatment failure and is recommended for pregnant women and patients with persistent symptoms. In addition patients with GC who were not treated with a cephalosporin require a test of cure (see Management of STI Expected Practice for details).

Also, of note, screening for HSV-1 and HSV-2 infection in the general population, including pregnant women, is not indicated. Screening for HSV-2 may be offered to patients, including pregnant women, whose partners are infected with HSV-2. The rationale is to identify HSV-2 discordant couples in order to intervene to prevent your patient from acquiring HSV-2. For this reason pre and post-test herpes education and prevention counseling should always be offered in conjunction with screening.

Table 1

Disease	**Gonorrhea / Chlamydia** (GC/CT)	**Syphilis**	**HIV**
Test	*GC/CT NAAT *vaginal swab (preferred) or urine*	**RPR with reflex to TPPA if positive	HIV antibody test
Sexually Active Women ≤25 years of age *(not pregnant, not HIV infected)*	• Screen annually • Consider screening more frequently if increased risk for CT/GC • Rescreen 3 months after treatment for CT or GC. If not possible screen opportunistically 1-12 months after treatment	• *No routine screening*. • Screen if high-risk of syphilis, e.g. ○ Exchanged sex for drugs/money ○ Multiple sex partners ○ Other STI(s) present ○ Male partner also has sex with men	• Screen ages 13-64 at least once • Repeat at least annually if high-risk of HIV e.g. ○ Injection drug use ○ Sex partner HIV infected or injection drug user ○ Exchanged sex for drugs/money ○ Multiple sex partners ○ Other STI(s) present ○ Male partner also has sex with men • Older adults who are at increased risk should also be screened
Sexually Active Women >25 years of age *(not pregnant, not HIV infected)*	• *No routine screening for general population.* • Targeted screening recommended if risk factors for CT/GC, including: ○ Exchanged sex for drugs/money in past year ○ History of chlamydia or gonorrhea infection in past 2 years ○ African American women up to age 30 ○ High local community prevalence of infection ○ Suspects recent partner may have had concurrent partners ○ New sex partner in past 3 months ○ More than one sex partner in past year • Rescreen 3 months after treatment for CT or GC. If not possible screen opportunistically 1-12 months after treatment		
Pregnant women (not HIV infected)	• Screen during first trimester • Repeat screening in third trimester if increased risk for CT/GC (see risk factors above) • Rescreen 3 months after treatment for CT or GC. If not possible screen opportunistically 1-12 months after treatment	• Screen during first and third trimesters and at delivery	• Screen during first trimester • Repeat screening in third trimester if at increased HIV risk • Screen in labor if HIV status unknown

*Vaginal swab nucleic acid amplification test (NAAT) specimens are preferred as they have the same sensitivity as cervical swabs, a higher sensitivity than urine, can be self-collected and require less processing by clinic staff. Cervical and urine specimens, however, are acceptable[1].

** Perform only RPR, no reflex Treponema pallidum particle agglutination assay (TPPA test) if history of past treated syphilis.

[1] Association of Public Health Laboratories. Expert Consultation Meeting Summary Report, Laboratory Diagnostic Testing for Chlamydia trachomatis and Neisseria gonorrhoeae. January 13-15 2009. Atlanta Georgia. Accessed 1/2/13 at: http://www.aphl.org/aphlprograms/infectious/std/documents/ctgclabguidelinesmeetingreport.pdf

Table 2: The Five P's: Partners, Prevention of Pregnancy, Protection from STIs, Practices, and Past History of STIs

www.cdc.gov/std/treatment/2010/clinical.htm

1. Partners

- Do you have sex with men, women, or both?
- In the past 2 months, how many partners have you had sex with?
- In the past 12 months, how many partners have you had sex with?
- Is it possible that any of your sex partners in the past 12 months had sex with someone else while they were still in a sexual relationship with you?

2. Prevention of Pregnancy

- What are you doing to prevent pregnancy?

3. Protection from STIs

- What do you do to protect yourself from STIs and HIV?

4. Practices

- To understand your risks for STDs, I need to understand the kind of sex you have had recently.
- Have you had vaginal sex, meaning 'penis in vagina sex'? If yes, Do you use condoms: never, sometimes, or always?
- Have you had anal sex, meaning 'penis in rectum/anus sex'? If yes, Do you use condoms: never, sometimes, or always?
- Have you had oral sex, meaning 'mouth on penis/vagina'?

For condom answers:

- If "never:" Why don't you use condoms?
- If "sometimes:" In what situations (or with whom) do you not use condoms?

5. Past history of STDs

- "Have you ever had an STI?"
- "Have any of your partners had an STI?"

Additional questions to identify HIV and viral hepatitis risk include:

- Have you or any of your partners ever injected drugs?
- Have any of your partners exchanged money or drugs for sex?
- Is there anything else about your sexual practices that I need to know about?

Resources:

California STD Screening Recommendations	www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-Screening-Recommendations.pdf
Guide to sexual history taking and STD/HIV prevention counseling	www.cdc.gov/std/treatment/2010/clinical.htm
Disease Reporting in Los Angeles County	http://publichealth.lacounty.gov/report/proreporting.htm
CDC STD Treatment Guidelines	www.cdc.gov/std/treatment/2010/default.htm
Los Angeles County Division of HIV and STD Programs (DHSP) healthcare provider webpage	http://publichealth.lacounty.gov/std/providers.htm